SAUSHEC OTOLARYNGOLOGY/HEAD & NECK SURGERY RESIDENCY SUPERVISION POLICY

INTRODUCTION

We currently have a complement of 16 full-time SAUSHEC and 2 Air Force reserve board certified Otolaryngology – Head and Neck Surgery faculty dedicated to the training of the 12 residents. In addition, we have clinical faculty from MD Anderson Cancer Center, from the Temple Central Texas VA Hospital, from Darnell Army Medical Center, from Audie Murphy VA Hospital, from Methodist Children's Hospital, and from the UTHSCSA who contribute their expertise towards the training of our residents. Specific faculty are assigned to cover each and every clinic and operating room such that all clinical activities have on-site supervision. Residents do not have their own scheduled clinic. They are assigned to a faculty member in clinic and see patients with the faculty member present. The schedule for these are set up and distributed 6 weeks in advance and modified as appropriate. All patients are assigned a specific appointment with a specific faculty physician at a specific time. Patients are never assigned to a "resident-only" clinic. All patients understand that supervised resident participation will be an integral portion of the care they will receive. The degree of resident participation will be commensurate with the abilities, knowledge and experience of the particular resident as well as the clinical complexity of the particular situation.

Direct faculty supervision, while ever present, is allocated in a fashion appropriate to the resident's level of training. **Documentation of all patient encounters with residents by an attending is required**. In the outpatient clinic, attending staff physicians are assigned to each clinic, and are responsible for the quality and appropriateness of patient care. This includes the supervision of medical students, interns, and residents. Faculty physicians are available to the residents at all times and are ultimately responsible for all care delivered in the ambulatory setting. On the inpatient wards, an attending staff is assigned to each patient admitted. This staff will be noted on the admission orders and it is the responsibility of the admitting resident to notify the attending staff in a timely manner. An attending staff note will be written for each admission. In the operating room, an attending staff will be present for each operation. This includes nights and weekends. During the night and weekends, the on-call attending staff is responsible for the supervision of all medical students/interns and residents assigned to the service. It is the responsibility of the first call resident to keep the Chief resident and attending staff informed.

SUMMARY OF SUPERVISION INSTRUCTIONS FOR OTOLARYNGOLOGY RESIDENTS

PATIENT CONTACT	SUPERVISION GUIDELINES
Emergent or Urgent Consultations	**Discuss with Faculty immediately**
Operating Room Procedures	**Discuss with Faculty immediately**
Major Procedures in Clinic and Hospital	**Discuss with Faculty immediately**
Admissions to Otolaryngology Service	**Discuss with Faculty immediately**
Trauma Consultations	**Discuss with Faculty within 24 hours**
Routine Hospital Consultations	**Discuss with Faculty within 24 hours**
Walk-in Clinic Patients	**Discuss with Faculty within 24 hours**

*****JUNIOR RESIDENTS WILL PRESENT ALL PATIENTS TO THE CHIEF RESIDENT ON-CALL**
*****CHIEF RESIDENTS WILL DETERMINE TIMING OF FACULTY CONTACT**
*****ATTENDING STAFF ON-CALL SHOULD BE CONTACTED FIRST**
*****"MAJOR PROCEDURE" DEFINED AS THOSE PROCEDURES NOT LISTED IN PROCEDURES WITHOUT DIRECT FACULTY SUPERVISION SECTION BELOW**

*****REMEMBER, WE SEE ALL CONSULTS. IF THE REFERRAL SERVICE WANTS THE "ROUTINE" CONSULT SEEN IMMEDIATELY, THAT CONSULT WILL BE SEEN IMMEDIATELY.**

PROGESSION OF RESIDENT RESPONSIBILITIES

The otolaryngologist in training will be supervised and instructed by staff surgeons. When more senior residents are present on service, a hierarchical system will prevail with the junior resident reporting to a more senior resident or Chief resident who in turn reports to staff. It is expected that, until delegated more authority, the junior resident will discuss all clinical care issues with the Chief resident or attending staff. All residents are assigned to a staff in clinic on a one-on-one basis for teaching and supervision. Clinics are booked directly under the primary staff for the duration of residency. PG4 residents rotating at the MD Anderson will be follow their assigned faculty mentor and rotate in clinic with that staff. While on their rotation at MD Anderson/Temple VA/Darnell Army Medical Center/Audie Murphy VA/Methodist Children's Hospital, all SAUSHEC residents are in the operating room acting first as assistant surgeons then advancing to the role of the primary surgeon. Delegation of authority and responsibility for patient care will increase as the resident demonstrates increased competence in delivery of safe, effective and compassionate care. The otolaryngology faculty will formally assess the resident during the quarterly residency review and give real time feed back as well. Resident education and feedback will be documented in the Self-Directed Resident Portfolio. The Portfolio will be reviewed quarterly by the Program Director and by the Training Committee. The SAUSHEC Otolaryngology resident supervision policy is clearly outlined in the SAUSHEC website. All faculty and residents are aware of the policy and of the website.

OPERATING ROOM AND EMERGENCY CENTER SUPERVISION

Our requirements dictate that all patients must be supervised by an attending. Operating room supervision by an attending surgeon must, at a minimum, be present in the hospital. Certain procedures in the operating room require the attending to be present in the operating room but not scrubbed and certain procedures require the attending surgeon to be scrubbed during the case (see SAUSHEC Otolaryngology Surgery Supervision Policy for Operating Room Procedures). In order to assure that residents are observed sufficiently from faculty, a Procedure Evaluation Form will be used to evaluate the performance of index cases and then tracked in the Resident Portfolio. Certain procedures can be performed without direct faculty presence, once the resident is deemed "proficient". In such circumstances, the attending faculty on call must first be notified prior to the initiation of the procedure in the clinic after hours or in the emergency room. Additionally, the Program Director will review the current Resident Case Log quarterly during the Resident Portfolio evaluation. This review will determine whether the caseload and the case mix are being distributed equally among residents. If a residents in found to be performing too few index cases compared with his peer group, then he will be declared "**Red**" for those cases and be given the highest priority to scrub on those specific cases. If he is found to be trending toward too few cases, then he will be declared "**Yellow**" for those cases and given a higher priority to scrub on those cases. If his case mix is adequate, the he will be declared "**Green**" for those cases. Additionally, the Program Director may adjust resident rotation schedules to better "equalize" caseload among the SAUSHEC residents.

Major procedures (defined as those procedures not listed in PROCEDURES WITHOUT DIRECT FACULTY SUPERVISION section below) performed in the emergency center and hospital must have direct faculty supervision. The **faculty must be informed when the procedure starts and must be immediately available**.

PROFICIENCY GUIDELINES FOR PROCEDURES WITHOUT DIRECT FACULTY SUPERVISION

The following may be performed without direct faculty presence after direct supervision by a Faculty (F) or Senior Resident (SR) as indicated below. The number in **bold** type indicates the minimum number of observations required to become "Proficient". These observations can take place in any setting unless otherwise specified. Note: The attending faculty must always be notified prior to proceeding with any patient taken to the operating room. Also, any of the below procedures may not be "routine" or "typical" and should be discussed with the faculty before the procedure starts.

Simple and complex facial lacerations: F or SR**5**
Placement of feeding tubes: F or SR**5**
Tracheostomy tube change: F or SR**5**
Closed reduction of nasal fractures: F or SR**5**
Drainage of peritonsillar abscesses: F or SR**5**
Incision and drainage of superficial face and neck abscesses: F or SR**5**
Control of epistaxis: F or SR**5**
Fiberoptic laryngoscopy: F or SR**5**
Removal of foreign bodies of the external auditory canal or nose: F or SR**5**
Minor biopsies of the head and neck: F or SR**5**

Endoscopic Biopsies (Larynx, NP, BOT): F or SR**5**
Arch Bar Removal: F or SR**5**
PETs: F or SR**5**
Fat or Paper patch myringoplasty: F or SR**5**
Steroid Injection of the Turbinates: F or SR**5**
Kenalog Injection: F or SR**5**

Faculty Call

Designated faculty members are on call 24-hours a day every day of the year, and are always available by telephone or pager. A list of the call schedule, pager numbers and home telephone numbers is provided to all Otolaryngology residents monthly as well as being posted in the departmental office and distributed to the hospital operators. Residents are required to call whenever they have any patient related concerns and are specifically instructed that they must immediately notify the attending whenever a patient is being admitted to the Otolaryngology- Head and Neck Surgery service or needing to go to the operating room. Since it is a requirement that an attending be present for any surgical procedure, occasionally an emergency may require the surgical intervention to take place prior to the attending actually making it to the operating room suite. This is most likely to occur with airway emergencies, where securing the airway is paramount. Finally, in the event a faculty member ever was unable to be reached, all faculty members are available to help. Also, Anesthesia staff and General Surgery Trauma staff are always in-house and available for immediate consultation.

RESEARCH SUPERVISION

All Faculty are active in mentoring resident research projects. Our Director of Research provides additional supervision and expertise to the resident's research experience.

RESIDENT SUPERVISION ACCORDING TO LEVEL/YEARS IN THE PROGRAM

PG1 OTOLARYNGOLOGY INTERNSHIP

An internship is required with specific subspecialty rotations that must be successfully completed. Please see the PGY-1 tab for the specific description. Resident supervision is provided by the Program Director from the SAUSHEC Department of Otolaryngology.

PG2 OTOLARYNGOLOGY/HEAD AND NECK SURGERY

The year begins with a two-week intense introductory course (approximately 20 hours/wk) to Otolaryngology. This course covers a broad variety of topics including basic sciences, audiology, otology, head and heck cancer, trauma, radiology, rhinology, cadaver dissection, and emergency topics.
The PG2 year is spent on the Otolaryngology services at BAMC, WHMC, Central Texas VA Hospital, Methodist Children's Hospital, and Darnell AMC. On the Otolaryngology service residents divide their time approximately equally between the clinic and the operating room. During clinics, residents work one-on-one with a full time faculty member under close supervision, learning the elements of otology-neurotology, head and neck surgery, including endocrine surgery of the head and neck, Plastic and Reconstructive Surgery, Laryngology, Otolaryngologic Allergy, Pediatric Otolaryngology, and general Otolaryngology.
Surgical experience in the PG2 year begins with relatively simple cases and moves to progressively more complex cases, under close supervision. This year includes training in use of lasers (both hand-held and endoscopic) and flexible and rigid per-oral endoscopy. In this year and each succeeding year, residents spend every Tuesday morning in conferences related to the targeted areas (allergy, immunology, pathology, radiology, otology, neurology, neurotology, audiology, rhinology, laryngology, facial plastic and reconstructive surgery, head and neck oncology, and endocrinology). PG2s take first call in rotation with PG3s and PG4s and make daily rounds at their respective institutions. During this year, the resident must have chosen, in consultation with the Research Coordinator, a research topic and faculty research preceptor during their one-month research rotation. At the Central Texas VA Hospital, the residents are under the direct supervision of SAUSHEC attending faculty. At the Darnell AMC, the residents are under the direct supervision of Dr. Brien Tonkinson. At the Methodist Children's Hospital, the residents are under the direct supervision of Dr. Mark Boston and Dr. Douglas Gottschalk.

PG3 OTOLARYNGOLOGY/HEAD AND NECK SURGERY

Each resident rotates at BAMC, WHMC, Darnell AMC, and the Audie Murphy VA Hospital. Additionally, each resident will spend one month doing research. In each setting, residents begin to evaluate patients independently in the outpatient setting, with supervision by chief residents and faculty. Surgical skills

continue to develop, and residents follow their patients in continuity from the clinic to the operating room and then to the clinic again for post-op follow-up. Duties include complete history and physical examinations on all admissions, routine patient care orders, operative reports and discharge summaries on all patients that they have operated upon, discharge summaries of patients who have been admitted for non-operative therapy or those private patients not operated upon by the senior resident, attendance in all clinics; participation in surgery, and first call. Residents during their research rotations are able to optimize their time to accomplish their required research project, which had been set up during the PG2 year. They are required to provide written updates as to the progress of their research project until completed and submitted in a fashion acceptable for publication. At Darnell AMC, the residents are directly under the supervision of Dr. Brien Tonkinson. At the Audie Murphy VA Hospital, the residents are directly under the supervision of Dr. Chris McMains and the SAUSHEC attending faculty.

PG4 OTOLARYNGOLOGY/HEAD AND NECK SURGERY

Eight months of this year are spent at WHMC rotating on the Red (Plastic and Reconstructive, General Otolaryngology, Allergy, Sleep Medicine, and Neurotology), the Blue (Head and Neck Oncology, Pediatrics, and General Otolaryngology, Laryngology) Team, and at BAMC (Head & Neck, Trauma, Plastic, General, Allergy). Additionally, four months will be spent at MD Anderson Cancer Center. During these rotations, outpatient, inpatient, and surgical skills and responsibilities continue to mature. During the MD Anderson rotation, the residents are working with the MD Anderson Otolaryngology faculty and are under Doctor Eduardo Diaz's supervision. During this rotation at the MD Anderson Cancer Center in Houston, Texas, emphasis is placed on head and neck oncology and endocrine surgery. They are expected to read extensively and mature their head and neck surgical oncology skills. During the MD Anderson rotation, clinical faculty members permit the residents to perform, under supervision, nearly all of the cases by the residents. In addition, during the MD Anderson rotation the residents are given the opportunity to view various aspects of civilian academic practice and acquire some exposure to the business side of a medical practice. The PG4 year also marks an increasing responsibility in the outpatient, inpatient, and OR setting. PG4 residents along with the PG5s, provide second-line on-call backup to the junior residents (PG2s and PG3s) at BAMC. At WHMC PG4 residents take first call. As is always the case, a faculty member is always on call as well.

PG5 CHIEF RESIDENT OTOLARYNGOLOGY/HEAD AND NECK SURGERY

Each Chief Resident spends four months on the WHMC Red Team (Plastic and Reconstructive, General Otolaryngology, Allergy, Laryngology, and Neurotology), four months on the WHMC Blue Team (Head and Neck Oncology, Pediatrics, and General Otolaryngology), and four months at BAMC (Head & Neck, Trauma, Plastic, General, Allergy). At each site they are responsible for oversight of clinic activities and service administration, with faculty supervision. The process of increasing responsibility continues, along with performance of more complex surgical operations, an active role in medical student education in the clinics, and organization of some of the teaching conferences (collection of cases for radiology, pathology, quality assurance, and tumor board conferences). The Chief Resident will continue to accumulate experience in otology and neurotology, both medical (including evaluation and management of vestibular disorders) and surgical, primarily with Doctor Esquivel and Dr. Packer. This year also includes extensive experience in head and neck oncology, thyroid and parathyroid disease with Doctors Brennan, Schmalbach, Magdycz, Faulkner, and Hayes. The Chief Resident will also work closely with Dr. Boston and Dr. Gottschalk, refining their skills in the management of complex pediatric patients, complex sinus-rhinology patients, and complex sleep patients. Extensive facial cosmetic surgery experience is provided by Dr. Lopez and Dr. Jackson. Complex sinus and skull base experience is provided by Dr. Weitzel. Allergy and Sleep Medicine experience are provided by Dr. Barrera, Dr. Miller, and Dr. Lopez. Additionally, complex laryngology experience is provided by Dr. Eller.